



3731  
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Applicant: Dennis Cherok  
Serial No: 10/040,936  
Confirmation No: 3785  
Filed: January 7, 2002  
For: IMPLANTABLE PROSTHESIS

Examiner: Woo, Julian W.  
Art Unit: 3731

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 18 day of March, 2004.

Lisa Robillard  
Lisa Robillard

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

- ☒ Amendment  
☒ Information Disclosure Statement  
☒ Form 1449 and cited references  
☒ Return Receipt Postcard

The fee has been calculated as shown below:

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TECHNOLOGY CENTER R3700


## CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate	Addl. Fee	
TOTAL CLAIMS	74	-	74	=	0	X	\$ 18.00 =	\$ 0.00	
INDEP. CLAIMS	10	-	7	=	3	X	\$ 86.00 =	\$ 258.00	
MULTIPLE DEPENDENT CLAIM								=	\$
PETITION FOR MONTH EXTENSION OF TIME								=	\$
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>								<b>= \$</b>	<b>258.00</b>

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

Checks in the amount of \$258.00 and \$180.00 are enclosed to cover the additional claims fee and submission of the Information Disclosure Statement. If the fee is insufficient, the balance may be charged to Deposit Account 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,

By:   
Neil P. Ferraro, Reg. No.: 39,188  
Amy F. Mendel, Reg. No.: 55,452  
WOLF, GREENFIELD & SACKS, P.C.  
600 Atlantic Avenue  
Boston, Massachusetts 02210  
Telephone: (617) 720-3500

Docket No.: D0188.70132US00  
Date: March 18, 2004  
x3/23/04x